03/19/2010 14:56

Image# 10990392966

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

		or Other Tha	in an Authoriz	ea Commi	ttee		Office Use Onl	у
1.		USE FEC MAILIN OR TYPE OR PR		Example:If typir over the lines	ng, type			
L	National Community Pharmaci		PAC	1 1 1 1				
Ш								
AD	DRESS (number and street)	100 Daingerfie	ld Road					
	Check if different than previously reported. (ACC)	Alexandria				LVA J	22314	
2.	FEC IDENTIFICATION NUMBER	BER 🔻	CITY 🛦		;	STATEA	ZIPC	ODE 🛕
	C00030809		3. IS THIS REPOR		NEW (N) OR		MENDED A)	
4.	TYPE OF REPORT (Choose One) (a) Quarterly Reports:	(b) Monthly Report Due On:	X Feb 20 (M Mar 20 (M Apr 20 (M	13)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Se	g 20 (M8) p 20 (M9) t 20 (M10)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
	April 15 Quarterly Report(Q1 July 15 Quarterly Report(Q2 October 15 Quarterly Report(Q3	(c) 12-D PRE Repo		Primary (12	2P)	General Special	(12G)	Runoff (12R)
	January 31 Quarterly Report(YE		Election on				in the State	
	July 31 Mid-Year Report(Non-election Year Only) (MY) Termination Report (TER)	Post	Day t -Election port for the: Election on	General (30	0G)	Runoff	in the	
5.	Covering Period 0 1	01	2007	through	0 1	3 1	2007	
	ertify that I have examined this Rope or Print Name of Treasurer	eport and to the b		ge and belief it	is true, correct	and complete		
Sig	nature of Treasurer Electroni	ically Filed by N	/Ir. Charles B. Sew	ell	D	ate 0.2	20	2007
NO	TE : Submission of false, errone	eous, or incomple	te information may	subject the pe	rson signing thi	s Report to th	e penalties of 2 l	U.S.C 437g.
	Office Use						FEC FO	

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/21

Write or Type Committee Name National Community Pharmacists Association - PAC

FEC Form 3X (Rev. 02/2003)

Y W Y 2007 ^D 31 м м 0 1 м м 0 1 D D 2007 0 1 To: Report Covering the Period: From:

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2007 ^{°°°°°}		445542.95
(b) Cash on Hand a Begining of Rep	t orting Period	445542.95	
(c) Total Receipts (from Line 19)	28756.44	28756.44
(d) Subtotal (add lin	es 6(b) and		
6(c) for Column 6(a) and 6(c) for	A and Lines Column B)	474299.39	474299.39
. Total Disbursements	(from Line 31)	28123.76	28123.76
Cash on Hand at Clo Reporting Period (subtract Line 7 from	se of Line 6(d))	446175.63	446175.63
Debts and Obligation the committee (Itemiz Schedule C and/or Sc		0.00	
D. Debts and Obligation the committee (Itemiz Schedule C and/or Sc		0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 21

Write or Type Committee Name

National Community Pharmacists Association - PAC

Report Covering the Period:

From:

м м 0 1 01

2007

-o·

м м 0 1 ^D 31

Y Y Y Y Y 2 0 0 7

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	10075.00	10075.00
	(ii) Unitemized	18476.00	18476.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	28551.00	28551.00
(I	b) Political Party Committees	0.00	0.00
`	c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	28551.00	28551.00
	Fransfers From Affiliated/Other	0.00	0.00
3. A	All Loans Received	0.00	0.00
	oan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
to	o Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	205.44	205.44
	Fransfers from Non-Federal and Levin Funds		
(;	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(I	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Total Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	28756.44	28756.44
	otal Federal Receipts subtract Line 18(c) from Line 19)	28756.44	28756.44

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 21

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	1623.76	1623.76
	Expenditures(c) Total Operating Expenditures	1023.70	1023.70
	(add 21(a)(i), (a)(ii) and (b))	1623.76	1623.76
2.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Committees Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	26500.00	26500.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
:6.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
	(add Emos 20(a), (b), and (b))		
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	28123.76	28123.76
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	28123.76	28123.76

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 21

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	28551.00	28551.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	28551.00	28551.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1623.76	1623.76
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1623.76	1623.76

FE6AN026

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 21 (check only one) X		
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Community Pharmacists	nd Statements may not be sold or used by any person the name and address of any political committee to Association - PAC	on for the purpose of soliciting contributions solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) Mr. Jerry Braswell Mailing Address 1107 S Tyler Stree City Covington FEC ID number of contributing federal political committee. Name of Employer Braswell Drugs	State Zip Code LA 70433 C Occupation Pharmacist	Date of Receipt M M M D D D Z Z D D 7 Transaction ID: SA11AI.18124 Amount of Each Receipt this Period 1000.00		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]		
Full Name (Last, First, Middle Initial) Mr. Joseph Cioli Mailing Address 1027A Morris Park City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Bronx FEC ID number of contributing federal political committee. Name of Employer J & C Pharmacy	NY 10461 C Occupation	Amount of Each Receipt this Period 250.00		
Receipt For: Primary General Other (specify) ▼	Pharmacist Aggregate Year-to-Date ▼ 250.00]		
Full Name (Last, First, Middle Initial) Mr. Charles Clark Mailing Address Box 1010	Mr. Charles Clark			
City Salmon FEC ID number of contributing federal political committee.	State Zip Code ID 83467	Transaction ID: SA11AI.18121 Amount of Each Receipt this Period 500.00		
Name of Employer Risbys Pharmacy	Occupation Pharmacist			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
SUBTOTAL of Receipts This Page (options	(le	1750.00		

	LE A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 21 (check only one) X
or for commerc	copied from such Reports and Sial purposes, other than using the COMMITTEE (In Full) Community Pharmacists As	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Last, First, Middle Initial) roley			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Brownsvill		State KY	Zip Code 42210	Transaction ID: SA11AI.17884 Amount of Each Receipt this Period
federal politi	nber of contributing cal committee.	Occupatio	n	1000.00
Receipt Form Primal Other		Owner	e Year-to-Date ▼ 1000.00	
Mr. Walter C	Last, First, Middle Initial) wietniewicz ress 2441 W. Borwn Street	Date of Receipt 0 1 0 2 2 0 0 7		
City		State	Zip Code	Transaction ID: SA11AI.18120
	nia nber of contributing cal committee.	C	19130	Amount of Each Receipt this Period 500.00
Name of Em Ellis Pharm	acy	Occupatio Pharmac	cist	
Receipt For: Prima Other		Aggregate	e Year-to-Date ▼ 500.00]
Full Name (I	Last, First, Middle Initial) lel	Date of Receipt		
Mailing Add	ress 245 N. Binkley Street,	#103		0 1 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.17876
	nber of contributing cal committee.	C	99669	Amount of Each Receipt this Period 500.00
rmacy	ofessional Pha-	Occupatio Pharmac	eist	
Receipt For: Primal Other		Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL o	f Receipts This Page (optional)	1		2000.00

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 21 (check only one) X
or for comm	ation copied from such Reports and S nercial purposes, other than using the DF COMMITTEE (In Full) al Community Pharmacists Ass	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mr. Rona Mailing A		State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	number of contributing solitical committee.	C	28054	Amount of Each Receipt this Period 1000.00
Receipt	Employer harmacy Inc For: imary General her (specify)	Occupation Pharmace Aggregate		
Mr. Lowe	ne (Last, First, Middle Initial) ell Irby Address 612 N. 13 Street Ste A	Date of Receipt 0 1		
City <u>Artesia</u>	ı	State NM	Zip Code 88210	Transaction ID: SA11AI.18133 Amount of Each Receipt this Period
federal p	number of contributing political committee.	C		500.00
Name of Lowell's Receipt	Employer Pharmacy	Occupation Pharmac		
Pri	imary General her (specify) ▼	Aggregate	500.00]
	ne (Last, First, Middle Initial) yn Kawahara Address 302 California Ave			Date of Receipt 0 1 1 0 2 0 0 7
City		State	Zip Code	Transaction ID: SA11AI.17877
	wa number of contributing political committee.	C	96786	Amount of Each Receipt this Period 500.00
Name of Center F	Employer Pharmacy Inc	Occupation Pharmac		7
	For: imary General her (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTA	L of Receipts This Page (optional)	1	_	2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 21 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists As	e name and address of any political committe	erson for the purpose of soliciting contributions see to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Richard Lacefield Mailing Address 1308 Ashley Circle City Bowling Green FEC ID number of contributing federal political committee. Name of Employer CDS Drugs Receipt For: Primary General Other (specify)	State Zip Code KY 42104 C Occupation Pharmacist Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M D D D Z 2007 Transaction ID: SA11AI.18123 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Mr. Kenneth Long Mailing Address 413 West Hill Street City Thomson FEC ID number of contributing federal political committee. Name of Employer Moye Pharmacy Receipt For: Primary General Other (specify)	State Zip Code GA 30824 C Occupation Pharmacist Aggregate Year-to-Date 250.00	Date of Receipt M M M C D D C 2 3 2 0 0 7 Transaction ID: SA11AI.17952 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Mr. Phillip Marsiglia Mailing Address 3910 Dance Mill Roa City Phoenix FEC ID number of contributing federal political committee. Name of Employer South Baltimore Pharmacy Receipt For: Primary General Other (specify)	d State Zip Code MD 21131 C Occupation Pharmacist Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M J D D J D Z D O 7 Transaction ID: SA11AI.17881 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional) .		1250.00

ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 21 (check only one)			
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.			
NAME OF COMMITTEE (In Full) National Community Pharmacists	Association - P	AC				
Full Name (Last, First, Middle Initial) Mr. William Newton			Date of Receipt			
Mailing Address 715 West Main						
City	State	Zip Code	Transaction ID: SA11AI.18119			
Russellville FEC ID number of contributing federal political committee.	AR C	72801	Amount of Each Receipt this Period 250.00			
Name of Employer Newton's Pharmacy	Occupatio Pharmac					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) Mr. Venson Powers	I		Date of Receipt			
Mailing Address 3985 Meeting Stree	0 1 2 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City Loris	State SC	Zip Code 29569	Transaction ID: SA11AI.17953			
FEC ID number of contributing federal political committee.	C	29309	Amount of Each Receipt this Period 250.00			
Name of Employer The Medicine Shoppe	Occupatio Manager					
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) Mr. Gerald Shapiro			Date of Receipt			
Mailing Address 3435 Wilshire Blvd	M M / D D / Y Y Y Y Y O T O T O T O T O T O T O T O					
City Los Angeles	State CA	Zip Code	Transaction ID: SA11AI.18102			
FEC ID number of contributing federal political committee.	C	90010	Amount of Each Receipt this Period 225.00			
Name of Employer Uptown Drug & Gift Shop	Occupatio Pharmac					
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00				
SUBTOTAL of Receipts This Page (options	al)	_	725.00			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 21 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Community Pharmacists As	e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Jeffrey Sherr Mailing Address 404 N Fruitland Blvd City Salisbury FEC ID number of contributing federal political committee. Name of Employer Apple Discount Drugs Receipt For: Primary General Other (specify)	State Zip Code MD 21801 C Occupation Pharmacist Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.17888 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Mr. Rick Stradtner Mailing Address 1111 W. 13th Street City Jasper FEC ID number of contributing federal political committee. Name of Employer Flick Drugs Receipt For: Primary General Other (specify)	State Zip Code IN 47546 C Occupation Pharmacist Aggregate Year-to-Date 300.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Thomas Taiber Mailing Address 110 10th Street, SW PO Box 785 City Waverly FEC ID number of contributing federal political committee. Name of Employer Meyer Pharmacy Receipt For: Primary General Other (specify)	State Zip Code IA 50677 C Occupation Pharmacist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 21 (check only one) X		
or for commercial purposes, other than using the	Statements may not be sold or used by any persee name and address of any political committee to	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) National Community Pharmacists As	ssociation - PAC			
Full Name (Last, First, Middle Initial) Mr. Thomas Taiber		Date of Receipt		
Mailing Address 110 10th Street, SW PO Box 785		01 24 2007		
City Waverly	State Zip Code IA 50677	Transaction ID: SA11AI.17966 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer Meyer Pharmacy	Occupation Pharmacist			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00			
Full Name (Last, First, Middle Initial) Mr. Robert Wollenberg		Date of Receipt		
Mailing Address 57 South Street	0 1			
City	State Zip Code	Transaction ID: SA11AI.18135		
Bristol	CT 06010	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	500.00		
Name of Employer Arrow Drug-West, Inc.	Occupation Pharmacist			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	500.00			
Full Name (Last, First, Middle Initial) Mr. Richard Yost				
Mailing Address 120 W. Main Street	0 1 1 0 2 0 0 7			
City	State Zip Code	Transaction ID: SA11AI.17875		
Mason	OH 45040	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer Yost Pharmacy	Occupation Pharmacist			
Receipt For: Primary General	Aggregate Year-to-Date ▼			
Other (specify)	250.00			
SUBTOTAL of Receipts This Page (optional)		800.00		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 21 (check only one) 11a 11b 11c 12 12 15 16 17 17
Ar or	ly information copied from such Reports and Stater for commercial purposes, other than using the nan	ments may ne and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) National Community Pharmacists Associ	iation - P	AC	
	Full Name (Last, First, Middle Initial) Virginia Commerce Bank Mailing Address 1414 Prince Street City	State	Zip Code	Date of Receipt M M M
	Alexandria FEC ID number of contributing federal political committee. Name of Employer	VA C Occupation	22314	Amount of Each Receipt this Period 205.44 Interest
	Receipt For: Primary General Other (specify) ▼	55 5	Year-to-Date ▼ 205.44	

SUBTOTAL of Receipts This Page (optional)	>	205.44
TOTAL This Period (last page this line number only)	•	205.44

Image# 10990392979

State:

A.

District:

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	CHEDULE B (FEC Form 3X)	Use separate schedule(s)				FOR LINE NUMBER: (check only one)						PAGE 14/21						
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			X	21b 27	П	22 28a	П	23 28b	Н	24 28c		25 29	Н	26 30b		
	y Information copied from such Reports and Statem for commercial purposes, other than using the name														5			
$\overline{\ }$	NAME OF COMMITTEE (In Full)																	
/	National Community Pharmacists Associa	tion - PA	0															
	Full Name (Last, First, Middle Initial)							Trans	acti	on ID:	S	B21E	3.18	137				
	EFS National Bank								_	isburse	_	nt	* 17					
	Mailing Address PO Box 30668							0 ^M 1	M	″ _ [™] 3	1 1	/ L	ž	o ŏ 7	7 ^Y			
	,	State	Zip Code					Amou	nt o	f Each	Dis	burser	nen	t this f	Perio	od		
	Memphis	TN	38130						-				40	05.0				
	Purpose of Disbursement Credit Card Fees				•				-		_		13	95.64	-			
	Candidate Name			_	_ ~	ory/												
				I	Гур	e												
	Office Sought: House Disburse Senate	ment For: Primary	General															
	President	Other (spe																
	i iodidont	Cirici (Spc	··· , , ▼				1											

SUBTOTAL of Disbursements This Page (optional)	>	1395.64
TOTAL This Period (last page this line number only)		1395.64

SCHEDULE B (FEC FOIIII 3X)	Use separate schedule(s)		FOR L		NUMBE	ER:		L F	PAGE	15 / 2	21
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b	22 28a	X	23 28b	24 280		25 29	
Any Information copied from such Reports and State				person f	or the pu		se of s	oliciting	contri	butions	
or for commercial purposes, other than using the nar	ne and address of any politic	al com	nmit	ee to so	licit cont	ribut	ions fr	om such	comi	mittee	
NAME OF COMMITTEE (In Full)											
National Community Pharmacists Assoc	iation - PAC										
Full Name (Last, First, Middle Initial)	ONIAL CAMPAICNI							SB2	3.181	54	
CHARLES A. GONZALEZ CONGRESSION	JNAL GAWPAIGN				Date	of D	isburs		Y . \	/ · Y	Υ
Mailing Address PO Box 12612					0 1		1	6 /	2	2 o ŏ 7	
City San Antonio	State Zip Code TX 78212				Amou	unt o	f Each	Disburs	semer	nt this F	Period
Purpose of Disbursement	17 /0212	т_							15	500.00	
Contribution/Change Election Year							_	-			
Candidate Name			ateg Typ	ory/ e							
Office Sought: X House Disburs Senate	sement For: 2008 Primary X General										
President	Other (specify)										
State: TX District: 20											
Full Name (Last, First, Middle Initial)							-	: SB2	3.181	68	
CITIZENS TO ELECT RICK LARSEN					Date	_	isburs		V * \	/ ° V	V
Mailing Address PO Box 326				0 ^M 1	М	/ D2	9 /	Ý	2 0 ŏ 7	· Y	
City Everett	State Zip Code WA 98206				Amou	unt o	f Each	Disburs	semer	nt this F	Perioc
Purpose of Disbursement		T		-					10	00.00	
Contribution/ Change Election Year		إل									
Candidate Name			ateg Typ	ory/ e							
9 1	sement For: 2008										
Senate President	Primary X General Other (specify) ▼										
State: WA District: 02	Other (specify)										
Full Name (Last, First, Middle Initial)					Trans	sacti	ion ID:	: SB2	3.181	51	
CONYERS FOR CONGRESS					Date	of D	isburs	ement			
Mailing Address 1833 E JEFFERSON					0 ^M 1	М	/ D	6 /	Y 2	2 0 ŏ 7	, Y
City	State Zip Code				Amou	ınt o	of Each	Disburs	semer	nt this F	Perioc
DETROIT	MI 48207								25	500.00	
Purpose of Disbursement Contribution/Change Election Year							-			.50.00	-
Candidate Name			ateg	ory/ e							
9 1	sement For: 2008	•									
Senate President	Primary X General										
State: MI District: 14	Other (specify)										
SUBTOTAL of Disbursements This Page (optional)			•					50	00.00	•
					\vdash						
TOTAL This Period (last page this line number only	y)			•			_	le B(Fo			

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s		FOR LINE (check only		
	EMIZED DISBURSEMENTS	Detailed Summary Page		21b 27	22 X 23 24 25 28a 28b 28c 29	2 3
	y Information copied from such Reports and for commercial purposes, other than using the					
	NAME OF COMMITTEE (In Full) National Community Pharmacists A	ssociation - PAC				
<u> </u>	Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS				Transaction ID: SB23.18143 Date of Disbursement	
	Mailing Address Post Office Box 93	36			01	
	City Fargo	State Zip Code ND 58106			Amount of Each Disbursement this Per	riod
	Purpose of Disbursement Contribution/Change Election Year				1000.00	
	Candidate Name			egory/ ype		
	Senate President	sbursement For: 2008 Primary X General Other (specify) ▼				
	State: ND District: 00 Full Name (Last, First, Middle Initial) FRIENDS OF BOBBY JINDAL INC				Transaction ID: SB23.18169 Date of Disbursement	
	Mailing Address PO BOX 8628				$\begin{bmatrix} \begin{smallmatrix} M & I & M \\ O & I & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Q & D \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & Q & Y \\ Q & Q & Q & Q & Y \end{bmatrix}$	
	City METAIRIE	State Zip Code LA 70011			Amount of Each Disbursement this Per	rioc
	Purpose of Disbursement Contribution/Change Election Year				1000.00	-
	Candidate Name			egory/ ype		
	Office Sought: X House Senate President State: LA District: 01	sbursement For: 2008 Primary X General Other (specify) ▼				
	Full Name (Last, First, Middle Initial) FRIENDS OF JIM MARSHALL				Transaction ID: SB23.18153 Date of Disbursement	
	Mailing Address PO BOX 125				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 1 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ I & G \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & T \end{smallmatrix} \end{bmatrix} $	
	City MACON	State Zip Code GA 31201			Amount of Each Disbursement this Per	rio
	Purpose of Disbursement Contribution/ Change Election Year Candidate Name		Cat	egory/	1000.00	
	Office Sought: House Senate President State: District:	sbursement For: 2008 Primary X General Other (specify)		ype		
	2.00.100.					

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	1 -	NUMBER: PAGE 17/21
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) 22 X 23 24 25 28 28c 29 3
Any Information copied from such Reports and States or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full) National Community Pharmacists Associ	ation - PAC		
Full Name (Last, First, Middle Initial) FRIENDS OF WEINER			Transaction ID: SB23.18167 Date of Disbursement
Mailing Address PO BOX 290-346			$\begin{bmatrix} \begin{smallmatrix} M & I & M \\ O & I & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & Y \end{smallmatrix} \end{bmatrix} $
City Brooklyn	State Zip Code NY 11229		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution/Change Election Year			2000.00
Candidate Name		Category/ Type	
Senate President	ement For: 2008 Primary X General Other (specify)		
State: NY District: 09 Full Name (Last, First, Middle Initial)			Transaction ID: SB23.18147
Steny Hoyer HOYER FOR CONGRESS			Date of Disbursement O 1
Mailing Address 7905 MALCOLM ROAD			
City CLINTON	State Zip Code MD 20735		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution/Change Election Year			2500.00
Candidate Name		Category/ Type	
Senate President	ement For: 2008 Primary X General Other (specify)		
State: MD District: 05 Full Name (Last, First, Middle Initial) IKE SKELTON FOR CONGRESS COMM	TTEE		Transaction ID: SB23.18166 Date of Disbursement
Mailing Address P.O. Box A			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} D & D \\ 2 & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
City Harrisonville	State Zip Code MO 64701		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution/Change Election Year			2000.00
Candidate Name		Category/ Type	
Office Sought: X House Disburs Senate President State: MO District: 04	ement For: 2008 Primary X General Other (specify)		
State. IVIO DISTITUT. U4			0500.00
SUBTOTAL of Disbursements This Page (optional)		_	6500.00

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	FOR LINE (check onl	NUMBER: PAGE 18 / 21
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and St for commercial purposes, other than using the			
\rangle	NAME OF COMMITTEE (In Full) National Community Pharmacists Ass	ociation - PAC		
<u>/</u>	Full Name (Last, First, Middle Initial) JOHN D. DINGELL FOR CONGRESS	COMMITTEE		Transaction ID: SB23.18145 Date of Disbursement
	Mailing Address 607 14th Street N.W. Suite 800			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Washington	State Zip Code DC 20005		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution/Change Election Year			2500.00
	Candidate Name		Category/ Type	
	Senate President	ursement For: 2008 Primary X General Other (specify) ▼	•	
	State: MI District: 15 Full Name (Last, First, Middle Initial) LEE TERRY FOR CONGRESS			Transaction ID: SB23.18148 Date of Disbursement
	Mailing Address P.O. Box 540098			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ I & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & O & O & 7 \end{smallmatrix} \end{bmatrix}$
	City Omaha	State Zip Code NE 68154		Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution/ Change Election Year			1000.00
	Candidate Name		Category/ Type	
	Office Sought: X House Senate President State: NE District: 02	ursement For: 2008 Primary X General Other (specify) ▼		
	Full Name (Last, First, Middle Initial) LUCAS FOR CONGRESS			Transaction ID: SB23.18163 Date of Disbursement
	Mailing Address Post Office Box 1726 Post Office Box 1726			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Oklahoma City	State Zip Code OK 73101		Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution/Change Election Year Candidate Name		Category/	1000.00
		ursement For: 2008	Туре	-
	Office Sought: Senate President State: District:	Primary X General Other (specify) ▼		

	CHEDULE B (FEC FO	•		arate schedule(s)			: NUMBE y one)	n.		LP	AGE	19/2	:1
	EMIZED DISBURSEN	_	Detailed	category of the Summary Page	À	21b 27	22 28a		8b	24 28c		25 29	
	y Information copied from such Re for commercial purposes, other tha NAME OF COMMITTEE (In Full) National Community Pharma	in using the name	e and addre	ss of any political									
_	- National Community i Harmi	201313 71330011	20011 170										
	Full Name (Last, First, Middle Init LUCILLE ROYBAL-ALLARD	FOR CONGP	RESS				Date	saction of Disb				65 0 0 7	Y
	Mailing Address 5 E Street,	SE					0 1		2 3	<u>'</u>		007	_
	City Washington		State DC	Zip Code 20003			Amou	int of E	ach D	isburs			-
	Purpose of Disbursement Contribution/ Change Election Ye	ar						•			100	00.00	
	Candidate Name				itego Type	-							
	Office Sought: X House Senate President	Disburse	ement For: Primary Other (spe	2008 X General									
	State: CA District: 34	:-1)											
	Full Name (Last, First, Middle Init MALONEY FOR CONGRES						Date	action of Disb	ursen				V
	Mailing Address 49 EAST 9	2ND STREET					0 1	/	^D 1 6	5 '	2	0 ŏ 7	
	City NEW YORK		State NY	Zip Code 10128			Amou	int of E	ach D	isburs	ement	this P	eric
	Purpose of Disbursement Contribution/Change Election Yea	ar									100	00.00	
	Candidate Name				atego Type	-							
	Office Sought: X House Senate President State: NY District: 14	Disburse	ement For: Primary Other (spe	2008 X General ecify)	<u>,,,</u>								
	Full Name (Last, First, Middle Init PRICE FOR CONGRESS C	,						action of Disb	ursen		3.181	50	
	Mailing Address P. O. Box	1986					0 ^M 1	M /	^D 1 6	3 /	^Y ^Y 2	0 ŏ 7	Y
	City Raleigh		State NC	Zip Code 27602			Amou	int of E	ach D	isburs			_
	Purpose of Disbursement Contribution/ Change Election Ye	ar					L.	_			100	00.00	
	Candidate Name				itego Type								
	Office Sought: House Senate President	Disburse	ement For: Primary Other (spe	2008 X General ecify) ▼	 								
	State: District:												
_													

5	CHEDULE B (FEC For	m 3x)	Use sepa	arate schedule(s)		NUMBER: PAGE 20 / 21
IT	EMIZED DISBURSEMI	ENTS	for each	category of the Summary Page	21b	22 X 23 24 25
	1		<u> </u>		27	28a 28b 28c 29
						for the purpose of soliciting contributions plicit contributions from such committee
\setminus	NAME OF COMMITTEE (In Full)					
/	National Community Pharma	cists Associa	ation - PA	0		
	Full Name (Last, First, Middle Initia					Transaction ID: SB23.18162
	PRICE FOR CONGRESS CC	MMITTEE				Date of Disbursement
	Mailing Address P. O. Box 1	986				$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ 0 & 1 & M \end{bmatrix} / \begin{bmatrix} D & D & D \\ 2 & 5 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$
	City Raleigh		State NC	Zip Code 27602		Amount of Each Disbursement this Period
	Purpose of Disbursement		110	27002		1000.00
	Contribution/Change Election Year					
	Candidate Name				Category/ Type	
	Office Sought: House	Disburse	ment For:	2008	.) 0	
	Senate		Primary	X General		
	State: President District:		Other (spe	ecity)		
	Full Name (Last, First, Middle Initia	I l)				Transaction ID: SB23.18161
	RANGEL FOR CONGRESS					Date of Disbursement
	Mailing Address PO Box 557	7 NVILLE STA				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & O & Y \\ O & O & O \end{smallmatrix} \end{bmatrix}$
	City		State	Zip Code		Amount of Each Disbursement this Period
	New York Purpose of Disbursement		NY	10027		1000.00
	Contribution/ Change Election Year	r				
	Candidate Name				Category/ Type	
	Office Sought: X House	Disburse	ment For:	2008		
	Senate President		Primary Other (spe	X General		
	State: NY District: 15		Other (spe	(5011y) ∀		
	Full Name (Last, First, Middle Initia	,				Transaction ID: SB23.18156
	TEXANS FOR HENRY CUEL	LAR CONGR	ESSIONA	AL CAMPAIGN		Date of Disbursement
	Mailing Address 1519 Washi 2nd Floor S	ington Street uite 200				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Laredo		State TX	Zip Code 78042		Amount of Each Disbursement this Period
	Purpose of Disbursement					1000.00
	Contribution/Change Election Year Candidate Name				Category/	
	Canadate Name				Type	
	Office Sought: X House	Disburse	ment For:	2008		
	Senate President		Primary Other (spe	X General		
	FICSIDEIIL		oniei (spe	Jony) ▼		
	State: TX District: 28					
						3000.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE (check on 21b 27	PAGE 21 / 21 PAGE 21
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name	, , , , , , , , , , , , , , , , , , , ,	' '
NAME OF COMMITTEE (In Full) National Community Pharmacists Associa	ition - PAC	
Full Name (Last, First, Middle Initial) WALDEN FOR CONGRESS INC Mailing Address PO Box 1091		Transaction ID: SB23.18152 Date of Disbursement O1
7	State Zip Code OR 97031 Category/ Type	Amount of Each Disbursement this Period 1500.00
Office Sought: X House Disburse Senate President State: OR District: 02	ment For: 2008 Primary X General Other (specify)	

SUBTOTAL of Disbursements This Page (optional)	•	1500.00
TOTAL This Period (last page this line number only)	•	26500.00